

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST ASSESSMENT		AFTER 2ND ASSESSMENT	
	DND	DEP	DND	DEP	DND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	DND	DEP	DND	DEP	DND	DEP
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TOTAL IND.						
TOTAL DEP.	15					
TOTAL CLAIMS	16					